

PTO/SB/01 (03-01)

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| | Attorney Docket Nun | nber ML 0166 PUS | |
|--|----------------------|----------------------|--|
| DECLARATION FOR UTILITY OR DESIGN | First Named Inventor | WILLIAM PAUL SCHMIDT | |
| PATENT APPLICATION | COMPLETE IF KNOWN | | |
| (37 CFR 1.63) | Application Number | / APPLIED FOR | |
| Declaration Declaration | Filing Date | HEREWITH | |
| Submitted OR Submitted after Initial | Group Art Unit | | |
| with Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Examiner Name | | |

| Filing | (37 CFR 1.16 (e)) required) | | Examiner Name | | | <i>_</i> | |
|--|--------------------------------|-----------|---------------------------|--------------------------------------|---|------------------------------------|--|
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| My residence, mailing address, and citizenship are as stated below next to my name. | | | | | | | |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: | | | | | | | |
| REMOTE CONTROLLED CROSSVIEW MIRROR | | | | | | | |
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| | | | - | | | | |
| the specification of which | (Title of th | e Inver | ntion) | | | | |
| | | | ` | | | | |
| is attached hereto | | | | | | | |
| OR | | | | | | | |
| was filed on (MM/DD/YYYY) | | | as United Sta | ates Application | Number or PCT In | ternational | |
| | <u> </u> | | | | | | |
| Application Number | and was a | mended | d on (MM/DD/YY) | YY) | | (if applicable). | |
| I hereby state that I have reviewed amended by any amendment spec | | | of the above identi | ified specificatio | n, including the cla | ims, as | |
| I acknowledge the duty to disclose in-part applications, material inform PCT international filing date of the | nation which became ava | ailable t | between the filing | defined in 37 CF date of the prio | R 1.56, including for application and the | or continuation- ne national or | |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. | | | | | | | |
| Prior Foreign Application Number(s) | Country | | gn Filing Date M/DD/YYYY) | Priority Not Claimed | Certified Cop | oy Attached? NO | |
| | | | | | | | |
| Additional foreign application i | numbers are listed on a | suppler | mental priority dat | ta sheet PTO/SE | 3/02B attached her | reto: | |

[Page 1 of 2]

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| NAME OF SOLE OR FIRST INVENTOR: | | A petition h | as be | en filed for this un | signed inventor | |
| Given Name WILLIAM PAUL Family Name SCHMIDT or Surname | | | | | SCHMIDT | |
| Inventor's Signature | Inventor's 1/2 Date 7-7-03 | | | | | |
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| NAME OF SECOND INVENTOR: | | A petition has | bee | n filed for this uns | gned inventor | |
| Given Name (first and middle [if any]) | | | | ly Name rname | · · · · · · · · · · · · · · · · · · · | |
| Inventor's Signature | | | | | | |
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| Application Number | APPLIED FOR | |
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| First Named Inventor | WILLIAM PAUL SCHMIDT | |
| Group Art Unit | | |
| Examiner Name | | |
| Attorney Docket Number | ML 0166 PUS | |

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| ✓ Applicant/Inventor. | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | |
| Name WILLIAM PAUL SCHMIDT | | | | | |
| Signature White The Signature | | | | | |
| Date 7-7-03 | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | |
| ✓ *Total offorms are submitted. | | | | | |